

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10821001

FILING DATE 04/07/09

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
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36		/				
37		/				
38	/					
39		/				
40		/				
41		3				
42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49	/					
50		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51		/										
52		/										
53		/										
54		/										
55		/										
56		/										
57		/										
58		/										
59		/										
60	/											
61		/										
62		/										
63		3										
64		/										
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95												
96												
97												
98												
99												
100												
TOTAL IND.	4											
TOTAL DEP.	45											
TOTAL CLAIMS	49											